

## APPOINTMENT OF STATE PUBLIC DEFENDER

Court Name: \_\_\_\_\_

I hereby appoint the Office of the State Public Defender to represent:

Defendant Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Charges: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Defendant is in custody in the \_\_\_\_\_ County Jail.

Defendant's Address and Phone number is: \_\_\_\_\_

\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Judge's Name: \_\_\_\_\_

### For Regional Office Use Only

Assigned Attorney \_\_\_\_\_ FTE \_\_\_\_\_ Contracted \_\_\_\_\_ Conflict

Regional Authorization \_\_\_\_\_ Date \_\_\_\_\_

Assigned OPD# \_\_\_\_\_ Entered SABHRS \_\_\_\_\_

If this is a conflict case identify, if known, cases in conflict with this one:

Defendant \_\_\_\_\_ Attorney \_\_\_\_\_ OPD# \_\_\_\_\_

Defendant \_\_\_\_\_ Attorney \_\_\_\_\_ OPD# \_\_\_\_\_

If this is a conflict case, fax (406.327.0771) or email ([k.newcomer@gm-law.com](mailto:k.newcomer@gm-law.com)) this form to the Conflicts Coordinator.